

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

ANGEL VARGAS

(in the space above enter the full name(s) of the plaintiff(s).)

-against-

City of New York et. al.

P.O. ARNALDO Rivera

P.O. Roberto Cordero

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: Yes No
(check one)

APR 17 2014

PRO SE CIVIL

I. Parties in this complaint:

A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name ANGEL VARGAS

ID # 349-12-0

Current institution NSC

Address 1500 HAZEN ST

EAST ELM HURST NY 11370

B. List all defendants' names, positions, places of employment and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name MENALDO Rivera Shield # _____
 Where Currently Employed 25th Precinct
 Address 120 E 119 St
NY NYC 10035

Defendant No. 2

Name Roberto Cordero Shield # _____
 Where Currently Employed 25th Precinct
 Address 120 E 119 St
NY NYC 10035

Defendant No. 3

Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 4

Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5

Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

4. In what institution did the events giving rise to your claim(s) occur? N/A

5. Where in the institution did the events giving rise to your claim(s) occur? N/A

6. What date and approximate time did the events giving rise to your claim(s) occur? N/A

D. Facts: Plaintiff who is PARAPLEGIC WAS HELD in the Precinct for 3 DAYS BECAUSE the officers DIDNT HAVE NO TRANSPORTATION TO TAKE HIM TO Central Booken. the officers VIOLATION HIS (ADA) Rights he also SUFFER From INJURIES to his BACK & NECK then took away his motorized wheelchair and never SECURE his wheelchair then PLACE him in a UNMAKER VAN to this DAY he SUFFERS from the PAIN. these officers VIOLATION his constitution RIGHTS AND his 5th AMENDMENT AS A DISABLE Person AND this happen in the 25th Precinct. PAIN AND SUFFERING AND ALSO mental ANGUISH.

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

ALSO MY BACK TO MY NECK AND

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "no action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes No X

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s). N/A

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes No X Do Not Know

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes No X Do Not Know

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes No X

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes No X

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance? N/A

1. Which claim(s) in this complaint did you grieve? N/A

2. What was the result, if any? N/A

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. N/A

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: N/A

2. If you did not file a grievance but informed any officials of your claim, state who you

informed, when and how, and their response, if any: _____

N/A

5. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies: _____

N/A

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount): I WANT THE NYPD

to get Special transportation for people
with disability and that are wheel chair
bound.

100,000,000 dollars

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes No

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____ N/A

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____ N/A

3. Docket or index number: _____ N/A

4. Name of Judge assigned to your case: _____ N/A

5. Approximate date of filing lawsuit: _____ N/A

6. Is the case still pending? Yes No If NO, give the approximate date of disposition: _____ N/A

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____ N/A

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes No

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____ N/A

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____ N/A

3. Docket or index number: _____ N/A

4. Name of Judge assigned to your case: _____ N/A

5. Approximate date of filing lawsuit: _____ N/A

6. Is the case still pending? Yes No If NO, give the approximate date of disposition: _____ N/A

What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) WA

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 12 day of April, 20 14

Signature of Plaintiff

Inmate Number

Institution Address

Angel Vargas

349-12

NTC

1500 HAZEN ST
EAST ELMHURST
NY 11376

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 12 day of April, 20 14; am delivering this complaint to prison authorities to be mailed to the Pro Se Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Angel Vargas